

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						10-031,765						
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51	1					
2		1				52		1				
3		1				53	1					
4	2					54	1					
5	2					55	1	1				
6	1					56	1					
7	1					57	1	1				
8	1					58	1					
9	1					59	1	1				
10	1					60	1					
11	1					61	1					
12	1					62	1					
13		1				63						
14	2					64						
15	2					65						
16	2					66						
17	2					67						
18	1					68						
19	1	1				69						
20	1	1				70						
21		1				71						
22	1	2				72						
23	2	2				73						
24	2					74						
25	2					75						
26	2					76						
27	2					77						
28	2					78						
29	1					79						
30	1					80						
31	1					81						
32	1					82						
33	1					83						
34	1					84						
35	1					85						
36	1					86						
37	1					87						
38	2					88						
39	2					89						
40	2					90						
41	1					91						
42	1					92						
43	1					93						
44	1					94						
45	2					95						
46	1					96						
47	1					97						
48	1					98						
49	1					99						
50	1					100						
TOTAL IND.						TOTAL IND.	4					
TOTAL DEP.						TOTAL DEP.	25					
TOTAL CLAIMS						TOTAL CLAIMS	79					